

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NEA Advocacy Fund		FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gail Gonzales		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2016	
Mailing Address 313 Bordner Dr.		Amount 293.49	
City Madison	State WI	Zip Code 53705	Transaction ID : B632865
Purpose of Expenditure Literature	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought 58599.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee National Education Association		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2016	
Mailing Address 1201 16th Street NW		Amount 952.50	
City Washington	State DC	Zip Code 20036	Transaction ID : B632876
Purpose of Expenditure Canvass expenses	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought 58599.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1245.99
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edwards, Michael, , ,

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Date

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10 / 19 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NEA Advocacy Fund		FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee Image Point			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">17</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Mailing Address PO Box 657			Amount <table border="1" style="display:inline-table; margin:0 5px;">329.15</table>		
City Waterloo	State IA	Zip Code 50704	Transaction ID : B632858		
Purpose of Expenditure Stickers		Category/ Type 006	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">17</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">58599.51</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		

Full Name of Payee Image Point			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">17</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Mailing Address PO Box 657			Amount <table border="1" style="display:inline-table; margin:0 5px;">236.00</table>		
City Waterloo	State IA	Zip Code 50704	Transaction ID : B632859		
Purpose of Expenditure Visibility materials		Category/ Type 006	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">17</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">58599.51</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	<table border="1" style="display:inline-table; margin:0 5px;">565.15</table>
(b) SUBTOTAL of Unitemized Independent Expenditures	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....	<table border="1" style="display:inline-table; margin:0 5px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edwards, Michael, , ,

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) NEA Advocacy Fund	FEC IDENTIFICATION NUMBER ▼ C C00489815
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Image Point			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016	
Mailing Address PO Box 657			Amount 12983.37	
City Waterloo	State IA	Zip Code 50704	Transaction ID : B632860	
Purpose of Expenditure Visibility materials		Category/ Type 006	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		58599.51	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Mission Control Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016	
Mailing Address 624 Hebron Ave., Bldg 3			Amount 1175.00	
City Glastonbury	State CT	Zip Code 06033	Transaction ID : B632755	
Purpose of Expenditure Printing and shipping of handbill		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		58599.51	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14158.37
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) NEA Advocacy Fund		FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mission Control Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016		
Mailing Address 624 Hebron Ave., Bldg 3			Amount 1175.00		
City Glastonbury	State CT	Zip Code 06033	Transaction ID : B632756		
Purpose of Expenditure Printing and shipping of handbill		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2016		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		58599.51	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Mission Control Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016		
Mailing Address 624 Hebron Ave., Bldg 3			Amount 1175.00		
City Glastonbury	State CT	Zip Code 06033	Transaction ID : B632757		
Purpose of Expenditure Printing and shipping of handbill		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2016		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		58599.51	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2350.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y Y Y </table>	

Full Name of Payee GBI Strategies			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">17</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Mailing Address 5809 Fifer Dr.			Amount <table border="1" style="display:inline-table; margin:0 5px;">7420.00</table>		
City Alexandria	State VA	Zip Code 22303	Transaction ID : B632758		
Purpose of Expenditure Canvass Expense		Category/ Type <table border="1" style="display:inline-table; margin:0 5px;">004</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">17</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">58599.51</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee GBI Strategies			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">17</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Mailing Address 5809 Fifer Dr.			Amount <table border="1" style="display:inline-table; margin:0 5px;">21730.00</table>		
City Alexandria	State VA	Zip Code 22303	Transaction ID : B632759		
Purpose of Expenditure Canvass Expense		Category/ Type <table border="1" style="display:inline-table; margin:0 5px;">004</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">17</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">58599.51</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">29150.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) NEA Advocacy Fund		FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee GBI Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016		
Mailing Address 5809 Fifer Dr.			Amount 4240.00		
City Alexandria	State VA	Zip Code 22303	Transaction ID : B632760		
Purpose of Expenditure Canvass Expense		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2016		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		58599.51	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee GBI Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016		
Mailing Address 5809 Fifer Dr.			Amount 6890.00		
City Alexandria	State VA	Zip Code 22303	Transaction ID : B632761		
Purpose of Expenditure Canvass Expense		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2016		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		58599.51	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	11130.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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(Schedule E)PAGE 7 OF 7
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NAME OF COMMITTEE (In Full) NEA Advocacy Fund		FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee GBI Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 5809 Fifer Dr.		Amount 21730.00	
City Alexandria	State VA	Zip Code 22303	Transaction ID : B632766
Purpose of Expenditure Canvass Expense	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2016	
Name of Federal Candidate Strickland, Ted, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought 22905.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Mission Control Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 624 Hebron Ave., Bldg #		Amount 1175.00	
City Glastonbury	State CT	Zip Code 06033	Transaction ID : B632763
Purpose of Expenditure Printing and shipping of handbill	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2016	
Name of Federal Candidate Strickland, Ted, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought 22905.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	22905.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	81504.51

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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